

RENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>			
<p>Filed 07/19/2005</p> <p>Article Addressed to:</p> <p>Cathryn Neaves, Esq. Assistant Attorney General One Ashburton Place Boston MA 02108</p>		<p>A. Received by (Please Print Clearly)</p> <p>JUN 2 2005</p> <p>B. Date of Delivery</p> <p>C. Signature</p> <p>X</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
<p>Article Number (Copy from service label)</p> <p>RWZ</p> <p>102595-00-M-0982</p> <p>Domestic Return Receipt</p> <p>102595-00-M-0982</p>			

OSCC 10618-RCL (Consulveo)

